

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>PM</i>	<i>67614</i>	<i>10/18/83</i>
O.I.P.E. CLASSIFIER			<i>12-1-90</i>
FORMALITY REVIEW	<i>ERLW</i>	<i>70622</i>	<i>16-26-99</i>

INDEX OF CLAIMS

✓ _____ Rejected N _____ Non-elected
 o _____ Allowed I _____ Interference
 - (Through numerical) Canceled A _____ Appeal
 + _____ Restricted O _____ Objected

Claim	Date	Claim	Date	Claim	Date
1		1		1	
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If more than 150 claims or 10 actions
 staple additional sheet her
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